

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 07/01/2009 **and ending** 12/31/2009

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** Last Chance for Patient Choice **Employer identification number** 05 - 0628214

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
P.O. Box 2817

**City or town, state, and ZIP code**  
Waterloo, IA 50704

**3 E-mail address of organization:** no@email **4 Date organization was formed:** 10/17/2005

**5a Name of custodian of records** Michael Mallaro **5b Custodian's address**  
P.O. Box 2817  
Waterloo, IA 50704

**6a Name of contact person** John Gallagher **6b Contact person's address**  
P.O. Box 2817  
Waterloo, IA 50704

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
1111 W. San Marnan Drive  
**City or town, state, and ZIP code**  
Waterloo, IA 50701

**8 Type of report (check only one box)**

- |   |   |
|---|---|
| <input type="checkbox"/> First quarterly report<br>(due by April 15)                | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(due by July 15)                | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)  |
| <input type="checkbox"/> Third quarterly report<br>(due by October 15)              | (1) Type of election:   |
| <input checked="" type="checkbox"/> Year-end report<br>(due by January 31)          | (2) Date of election:   |
| <input type="checkbox"/> Mid-year report (Non-election<br>year only-due by July 31) | (3) For the state of:   |
|   | <input type="checkbox"/> Post-general election report (due by the 30th day after general election)  |
|   | (1) Date of election:   |
|   | (2) For the state of:   |

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 85167**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 112411**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

01/31/2010

**Sign  
Here**



Signature of authorized official



Date

**Schedule A**    **Itemized Contributions**

Schedule A

<b>Contributor's name, mailing address and ZIP code</b> Active American Mobility & Medical 120 Circle Way St Ste 7C Lake Jackson, TX 77566 - 5222	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Active American Mobility & Medical 120 Circle Way St Ste 7C Lake Jackson, TX 77566 - 5222	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Active American Mobility & Medical 120 Circle Way St Ste 7C Lake Jackson, TX 77566 - 5222	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Agnesian Health Shoppe 327 Winnebago Dr Fond Du Lac, WI 54935	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Agnesian Health Shoppe 327 Winnebago Dr Fond Du Lac, WI 54935	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Agnesian Health Shoppe 327 Winnebago Dr Fond Du Lac, WI 54935	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Agnesian Health Shoppe 327 Winnebago Dr Fond Du Lac, WI 54935	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Agnesian Health Shoppe 327 Winnebago Dr Fond Du Lac, WI 54935	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Airway Oxygen PO Box 9950 Wyoming, MI 49509 - 0950	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Airway Oxygen PO Box 9950 Wyoming, MI 49509 - 0950	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Airway Oxygen PO Box 9950 Wyoming, MI 49509 - 0950	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Airway Oxygen PO Box 9950 Wyoming, MI 49509 - 0950	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Airway Oxygen PO Box 9950 Wyoming, MI 49509 - 0950	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Airway Oxygen PO Box 9950 Wyoming, MI 49509 - 0950	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Alegent Health Home Care PO Box 642150 Omaha, NE 68164	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Alegent Health Home Care PO Box 642150 Omaha, NE 68164	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Alegent Health Home Care PO Box 642150 Omaha, NE 68164	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Alegent Health Home Care PO Box 642150 Omaha, NE 68164	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Alpert's Medical Equipment & Supplies PO Box K Keyser, WV 26726 - 0330	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Alpert's Medical Equipment & Supplies PO Box K Keyser, WV 26726 - 0330	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Alpert's Medical Equipment & Supplies PO Box K Keyser, WV 26726 - 0330	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Alpert's Medical Equipment & Supplies PO Box K Keyser, WV 26726 - 0330	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Alpert's Medical Equipment & Supplies PO Box K Keyser, WV 26726 - 0330	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Alpert's Medical Equipment & Supplies PO Box K Keyser, WV 26726 - 0330	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> American Home Health Care Company 214 W 7th St Sioux City, IA 51103 - 4450	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> American Home Health Care Company 214 W 7th St Sioux City, IA 51103 - 4450	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> American Home Health Care Company 214 W 7th St Sioux City, IA 51103 - 4450	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> American Home Health Care Company 214 W 7th St Sioux City, IA 51103 - 4450	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
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<b>Contributor's name, mailing address and ZIP code</b> Andrew Brown Home Health Care 1512 Pittson Ave Scranton, PA 18505	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009

<b>Contributor's name, mailing address and ZIP code</b> Andrew Brown Home Health Care 1512 Pittson Ave Scranton, PA 18505	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Andrew Brown Home Health Care 1512 Pittson Ave Scranton, PA 18505	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
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<b>Contributor's name, mailing address and ZIP code</b> Andrew Brown Home Health Care 1512 Pittson Ave Scranton, PA 18505	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 11/05/2009
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<b>Contributor's name, mailing address and ZIP code</b> A-One Specialty Medical LLC 58 Myricks St Berkley, MA 02779 - 1809	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> A-One Specialty Medical LLC 58 Myricks St Berkley, MA 02779 - 1809	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
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<b>Contributor's name, mailing address and ZIP code</b> Bay State Medical Inc 7271 Park Circle Dr Hanover, MD 21076 - 1325	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Bay State Medical Inc 7271 Park Circle Dr Hanover, MD 21076 - 1325	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
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<b>Contributor's name, mailing address and ZIP code</b> Bay State Medical Inc 7271 Park Circle Dr Hanover, MD 21076 - 1325	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Bay State Medical Inc 7271 Park Circle Dr Hanover, MD 21076 - 1325	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Black Bear Medical Inc 275 Marginal Way Portland, ME 04101 - 2542	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 200	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Black Bear Medical Inc 275 Marginal Way Portland, ME 04101 - 2542	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 200	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Black Bear Medical Inc 275 Marginal Way Portland, ME 04101 - 2542	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 200	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 12/08/2009

<b>Contributor's name, mailing address and ZIP code</b> Bonel Medical Equip Inc 4817 N Broad St Philadelphia, PA 19141 - 2107	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Bonel Medical Equip Inc 4817 N Broad St Philadelphia, PA 19141 - 2107	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Bonel Medical Equip Inc 4817 N Broad St Philadelphia, PA 19141 - 2107	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Bonel Medical Equip Inc 4817 N Broad St Philadelphia, PA 19141 - 2107	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Bonel Medical Equip Inc 4817 N Broad St Philadelphia, PA 19141 - 2107	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Bridgeport Pharmacy Inc 6224 Dixie Hwy Bridgeport, MI 48722 - 9513	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Bridgeport Pharmacy Inc 6224 Dixie Hwy Bridgeport, MI 48722 - 9513	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Bridgeport Pharmacy Inc 6224 Dixie Hwy Bridgeport, MI 48722 - 9513	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Bridgeport Pharmacy Inc 6224 Dixie Hwy Bridgeport, MI 48722 - 9513	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Bridgeport Pharmacy Inc 6224 Dixie Hwy Bridgeport, MI 48722 - 9513	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009

<b>Contributor's name, mailing address and ZIP code</b> Bridgeport Pharmacy Inc 6224 Dixie Hwy Bridgeport, MI 48722 - 9513	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Britkare 2112 S Coulter Amarillo, TX 79106	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Britkare 2112 S Coulter Amarillo, TX 79106	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
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<b>Contributor's name, mailing address and ZIP code</b> Britkare 2112 S Coulter Amarillo, TX 79106	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Broadway Medical Services & Supply, Inc 1034 Broadway Eureka, CA 95501	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Broadway Medical Services & Supply, Inc 1034 Broadway Eureka, CA 95501	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Broadway Medical Services & Supply, Inc 1034 Broadway Eureka, CA 95501	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009



<b>Contributor's name, mailing address and ZIP code</b> Broadway Medical Services & Supply, Inc 1034 Broadway Eureka, CA 95501	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Broadway Medical Services & Supply, Inc 1034 Broadway Eureka, CA 95501	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Broadway Medical Services & Supply, Inc 1034 Broadway Eureka, CA 95501	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> California Medical Pharmacy 2201 W Temple St Los Angeles, CA 90026 - 4917	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> California Medical Pharmacy 2201 W Temple St Los Angeles, CA 90026 - 4917	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> California Medical Pharmacy 2201 W Temple St Los Angeles, CA 90026 - 4917	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> California Medical Pharmacy 2201 W Temple St Los Angeles, CA 90026 - 4917	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> California Medical Pharmacy 2201 W Temple St Los Angeles, CA 90026 - 4917	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Cardiosom LLC 615 W Carmel Ste 100 Carmel, IN 46032 - 5504	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 105 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Cardiosom LLC 615 W Carmel Ste 100 Carmel, IN 46032 - 5504	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Cardiosom LLC 615 W Carmel Ste 100 Carmel, IN 46032 - 5504	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical 1242 Prince Avenue Athens, GA 30606	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical 1242 Prince Avenue Athens, GA 30606	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical 1242 Prince Avenue Athens, GA 30606	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical 1242 Prince Avenue Athens, GA 30606	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical 1242 Prince Avenue Athens, GA 30606	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical 1242 Prince Avenue Athens, GA 30606	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical Equipment Inc 1877 Ne Seventh Ave Portland, OR 97212	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 50 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical Equipment Inc 1877 Ne Seventh Ave Portland, OR 97212	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 50 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Care Medical Equipment Inc 1877 Ne Seventh Ave Portland, OR 97212	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 50 <b>Date of contribution</b> 12/08/2009

<b>Contributor's name, mailing address and ZIP code</b> Ch Martin Company 329 Marietta St NW Atlanta, GA 30313	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Ch Martin Company 329 Marietta St NW Atlanta, GA 30313	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Ch Martin Company 329 Marietta St NW Atlanta, GA 30313	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Ch Martin Company 329 Marietta St NW Atlanta, GA 30313	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Ch Martin Company 329 Marietta St NW Atlanta, GA 30313	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Ch Martin Company 329 Marietta St NW Atlanta, GA 30313	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Champs Medical 6978 Fairgrounds Pkwy San Antonio, TX 78229	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Champs Medical 6978 Fairgrounds Pkwy San Antonio, TX 78229	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Champs Medical 6978 Fairgrounds Pkwy San Antonio, TX 78229	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Champs Medical 6978 Fairgrounds Pkwy San Antonio, TX 78229	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009

<b>Contributor's name, mailing address and ZIP code</b> Champs Medical 6978 Fairgrounds Pkwy San Antonio, TX 78229	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Gammie Homecare Inc 292 Alamaha St Kahului, HI 96732 - 2418	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Gammie Homecare Inc 292 Alamaha St Kahului, HI 96732 - 2418	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Gammie Homecare Inc 292 Alamaha St Kahului, HI 96732 - 2418	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Gammie Homecare Inc 292 Alamaha St Kahului, HI 96732 - 2418	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Gammie Homecare Inc 292 Alamaha St Kahului, HI 96732 - 2418	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Gammie Homecare Inc 292 Alamaha St Kahului, HI 96732 - 2418	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> GrandView Pharmacy 2230 Park Rd Connersville, IN 47331 - 2903	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> GrandView Pharmacy 2230 Park Rd Connersville, IN 47331 - 2903	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> GrandView Pharmacy 2230 Park Rd Connersville, IN 47331 - 2903	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009

<b>Contributor's name, mailing address and ZIP code</b> GrandView Pharmacy 2230 Park Rd Connersville, IN 47331 - 2903	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> GrandView Pharmacy 2230 Park Rd Connersville, IN 47331 - 2903	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> GrandView Pharmacy 2230 Park Rd Connersville, IN 47331 - 2903	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Great Plains Rehabilitation Services 1212 East Main Avenue Bismarck, ND 58501 - 4576	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Great Plains Rehabilitation Services 1212 East Main Avenue Bismarck, ND 58501 - 4576	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Great Plains Rehabilitation Services 1212 East Main Avenue Bismarck, ND 58501 - 4576	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Great Plains Rehabilitation Services 1212 East Main Avenue Bismarck, ND 58501 - 4576	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Great Plains Rehabilitation Services 1212 East Main Avenue Bismarck, ND 58501 - 4576	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Great Plains Rehabilitation Services 1212 East Main Avenue Bismarck, ND 58501 - 4576	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305 - 1415	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009

<b>Contributor's name, mailing address and ZIP code</b> Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305 - 1415	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305 - 1415	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305 - 1415	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305 - 1415	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305 - 1415	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Halls Drug Center Inc 505 S Tower Ave #2 Centralia, WA 98531 - 3919	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Halls Drug Center Inc 505 S Tower Ave #2 Centralia, WA 98531 - 3919	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Halls Drug Center Inc 505 S Tower Ave #2 Centralia, WA 98531 - 3919	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Halls Drug Center Inc 505 S Tower Ave #2 Centralia, WA 98531 - 3919	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Halls Drug Center Inc 505 S Tower Ave #2 Centralia, WA 98531 - 3919	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009

<b>Contributor's name, mailing address and ZIP code</b> Handi Medical Supply Inc 2505 University Ave W Saint Paul, MN 55114 - 1536	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Handi Medical Supply Inc 2505 University Ave W Saint Paul, MN 55114 - 1536	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Handi Medical Supply Inc 2505 University Ave W Saint Paul, MN 55114 - 1536	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Handi Medical Supply Inc 2505 University Ave W Saint Paul, MN 55114 - 1536	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Handi Medical Supply Inc 2505 University Ave W Saint Paul, MN 55114 - 1536	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Handi Medical Supply Inc 2505 University Ave W Saint Paul, MN 55114 - 1536	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Homecare America 17380 N Hwy A1A Alt Jupiter, FL 33477	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 330	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Homecare America 17380 N Hwy A1A Alt Jupiter, FL 33477	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 330	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Homecare America 17380 N Hwy A1A Alt Jupiter, FL 33477	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 330	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Homecare America 17380 N Hwy A1A Alt Jupiter, FL 33477	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 330	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009

<b>Contributor's name, mailing address and ZIP code</b> Homecare America 17380 N Hwy A1A Alt Jupiter, FL 33477	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 330	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Homecare America 17380 N Hwy A1A Alt Jupiter, FL 33477	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 330	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> In-Home Medical Inc 9527 Sandifur Pkwy Pasco, WA 99301	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 370	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> In-Home Medical Inc 9527 Sandifur Pkwy Pasco, WA 99301	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 370	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> In-Home Medical Inc 9527 Sandifur Pkwy Pasco, WA 99301	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 370	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> In-Home Medical Inc 9527 Sandifur Pkwy Pasco, WA 99301	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 370	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> In-Home Medical Inc 9527 Sandifur Pkwy Pasco, WA 99301	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 370	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> In-Home Medical Inc 9527 Sandifur Pkwy Pasco, WA 99301	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 370	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Invacare Corporation One Invacare Way Elyria, OH 44036	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 15000	<b>Amount of contribution</b> \$ 15000 <b>Date of contribution</b> 10/20/2009
<b>Contributor's name, mailing address and ZIP code</b> Kohl's Pharmacy And Homecare 12759 Q St Omaha, NE 68137 - 3211	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009



<b>Contributor's name, mailing address and ZIP code</b> Kohll's Pharmacy And Homecare 12759 Q St Omaha, NE 68137 - 3211	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Kohll's Pharmacy And Homecare 12759 Q St Omaha, NE 68137 - 3211	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Kohll's Pharmacy And Homecare 12759 Q St Omaha, NE 68137 - 3211	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Kohll's Pharmacy And Homecare 12759 Q St Omaha, NE 68137 - 3211	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Kohll's Pharmacy And Homecare 12759 Q St Omaha, NE 68137 - 3211	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Lamberts Orthotics/Prosthetics 5412 Dijon Dr Baton Rouge, LA 70808 - 4315	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 105 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Lamberts Orthotics/Prosthetics 5412 Dijon Dr Baton Rouge, LA 70808 - 4315	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Lamberts Orthotics/Prosthetics 5412 Dijon Dr Baton Rouge, LA 70808 - 4315	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Lamberts Orthotics/Prosthetics 5412 Dijon Dr Baton Rouge, LA 70808 - 4315	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Lamberts Orthotics/Prosthetics 5412 Dijon Dr Baton Rouge, LA 70808 - 4315	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009

<b>Contributor's name, mailing address and ZIP code</b> Lamberts Orthotics/Prosthetics 5412 Dijon Dr Baton Rouge, LA 70808 - 4315	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> LifeAid Medical Equipment LLC 1241 S Jackson St Tullahoma, TN 37388 - 4385	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 270	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> LifeAid Medical Equipment LLC 1241 S Jackson St Tullahoma, TN 37388 - 4385	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 270	<b>Amount of contribution</b> \$ 75 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> LifeAid Medical Equipment LLC 1241 S Jackson St Tullahoma, TN 37388 - 4385	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 270	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> LifeAid Medical Equipment LLC 1241 S Jackson St Tullahoma, TN 37388 - 4385	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 270	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Lincoln Medical Supply Co LLC 913 N Main Street Pleasantville, NJ 08232	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Lincoln Medical Supply Co LLC 913 N Main Street Pleasantville, NJ 08232	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Lincoln Medical Supply Co LLC 913 N Main Street Pleasantville, NJ 08232	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 315	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Med Emporium 1300 Crossbeam Dr Charlotte, NC 28217 - 2800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Med Emporium 1300 Crossbeam Dr Charlotte, NC 28217 - 2800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Med Emporium 1300 Crossbeam Dr Charlotte, NC 28217 - 2800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 10/12/2009
<b>Contributor's name, mailing address and ZIP code</b> Med Emporium 1300 Crossbeam Dr Charlotte, NC 28217 - 2800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Med Emporium 1300 Crossbeam Dr Charlotte, NC 28217 - 2800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Med-Caire Inc PO Box 267 Vernon, CT 06066 - 0267	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Med-Caire Inc PO Box 267 Vernon, CT 06066 - 0267	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Med-Caire Inc PO Box 267 Vernon, CT 06066 - 0267	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Med-Caire Inc PO Box 267 Vernon, CT 06066 - 0267	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 50 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Med-Caire Inc PO Box 267 Vernon, CT 06066 - 0267	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Products Group Inc PO Box 764 Dixon, IL 61021 - 0764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Products Group Inc PO Box 764 Dixon, IL 61021 - 0764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Medical Products Group Inc PO Box 764 Dixon, IL 61021 - 0764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Technologies 401 W College Street Lake Charles, LA 70605	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Technologies 401 W College Street Lake Charles, LA 70605	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Technologies 401 W College Street Lake Charles, LA 70605	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Technologies 401 W College Street Lake Charles, LA 70605	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Technologies 401 W College Street Lake Charles, LA 70605	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Medical Technologies 401 W College Street Lake Charles, LA 70605	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Medstar, Inc. 15-40 128th St College Point, NY 11356 - 2336	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Medstar, Inc. 15-40 128th St College Point, NY 11356 - 2336	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Medstar, Inc. 15-40 128th St College Point, NY 11356 - 2336	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009

<b>Contributor's name, mailing address and ZIP code</b> Medstar, Inc. 15-40 128th St College Point, NY 11356 - 2336	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Medstar, Inc. 15-40 128th St College Point, NY 11356 - 2336	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 345	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Michigan Medical 11906 Farmington Rd Livonia, MI 48150 - 1724	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 832	<b>Amount of contribution</b> \$ 101 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Michigan Medical 11906 Farmington Rd Livonia, MI 48150 - 1724	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 832	<b>Amount of contribution</b> \$ 501 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Mountain Air Oxygen Service Inc 2415 Mullins Ave Unit 5 Alamosa, CO 81101 - 4264	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Mountain Air Oxygen Service Inc 2415 Mullins Ave Unit 5 Alamosa, CO 81101 - 4264	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Mountain Air Oxygen Service Inc 2415 Mullins Ave Unit 5 Alamosa, CO 81101 - 4264	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Mountain Air Oxygen Service Inc 2415 Mullins Ave Unit 5 Alamosa, CO 81101 - 4264	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Mountain Air Oxygen Service Inc 2415 Mullins Ave Unit 5 Alamosa, CO 81101 - 4264	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Mountain Air Oxygen Service Inc 2415 Mullins Ave Unit 5 Alamosa, CO 81101 - 4264	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009

<b>Contributor's name, mailing address and ZIP code</b> Northwest Respiratory Services, LLC 716 Prior Ave N Saint Paul, MN 55104 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Northwest Respiratory Services, LLC 716 Prior Ave N Saint Paul, MN 55104 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Northwest Respiratory Services, LLC 716 Prior Ave N Saint Paul, MN 55104 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Northwest Respiratory Services, LLC 716 Prior Ave N Saint Paul, MN 55104 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Northwest Respiratory Services, LLC 716 Prior Ave N Saint Paul, MN 55104 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Northwest Respiratory Services, LLC 716 Prior Ave N Saint Paul, MN 55104 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Nurses Unlimited Healthcare Services PO Box 4534 Odessa, TX 79761	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Nurses Unlimited Healthcare Services PO Box 4534 Odessa, TX 79761	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Nurses Unlimited Healthcare Services PO Box 4534 Odessa, TX 79761	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Nurses Unlimited Healthcare Services PO Box 4534 Odessa, TX 79761	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009

<b>Contributor's name, mailing address and ZIP code</b> Nurses Unlimited Healthcare Services PO Box 4534 Odessa, TX 79761	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Nurses Unlimited Healthcare Services PO Box 4534 Odessa, TX 79761	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Olesen Logistical Management Group Inc 4625 East Bay Dr #222 Clearwater, FL 33764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Olesen Logistical Management Group Inc 4625 East Bay Dr #222 Clearwater, FL 33764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Olesen Logistical Management Group Inc 4625 East Bay Dr #222 Clearwater, FL 33764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Olesen Logistical Management Group Inc 4625 East Bay Dr #222 Clearwater, FL 33764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Olesen Logistical Management Group Inc 4625 East Bay Dr #222 Clearwater, FL 33764	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkway Mobility & Medical Supply PO Box 636000 Littleton, CO 80163 - 6000	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkway Mobility & Medical Supply PO Box 636000 Littleton, CO 80163 - 6000	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkway Mobility & Medical Supply PO Box 636000 Littleton, CO 80163 - 6000	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Parkway Mobility & Medical Supply PO Box 636000 Littleton, CO 80163 - 6000	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkway Mobility & Medical Supply PO Box 636000 Littleton, CO 80163 - 6000	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkway Mobility & Medical Supply PO Box 636000 Littleton, CO 80163 - 6000	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkwood Medical Equipment PO Box 1029 New Port Richey, FL 34656 - 1029	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkwood Medical Equipment PO Box 1029 New Port Richey, FL 34656 - 1029	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkwood Medical Equipment PO Box 1029 New Port Richey, FL 34656 - 1029	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Parkwood Medical Equipment PO Box 1029 New Port Richey, FL 34656 - 1029	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> PRN Medical Services LLC PO Box 41550 Phoenix, AZ 85080	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> PRN Medical Services LLC PO Box 41550 Phoenix, AZ 85080	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> PRN Medical Services LLC PO Box 41550 Phoenix, AZ 85080	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009



<b>Contributor's name, mailing address and ZIP code</b> PRN Medical Services LLC PO Box 41550 Phoenix, AZ 85080	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> PRN Medical Services LLC PO Box 41550 Phoenix, AZ 85080	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> PRN Medical Services LLC PO Box 41550 Phoenix, AZ 85080	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 390	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Professional Home Health Care Of Mi 24706 Michigan Ave Dearborn, MI 48124 - 1750	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Professional Home Health Care Of Mi 24706 Michigan Ave Dearborn, MI 48124 - 1750	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Professional Home Health Care Of Mi 24706 Michigan Ave Dearborn, MI 48124 - 1750	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Professional Home Health Care Of Mi 24706 Michigan Ave Dearborn, MI 48124 - 1750	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Professional Home Health Care Of Mi 24706 Michigan Ave Dearborn, MI 48124 - 1750	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Professional Home Health Care Of Mi 24706 Michigan Ave Dearborn, MI 48124 - 1750	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> RCS Management Corp 16535 Southpark Dr Westfield, IN 46074 - 8347	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 405	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009

<b>Contributor's name, mailing address and ZIP code</b> RCS Management Corp 16535 Southpark Dr Westfield, IN 46074 - 8347	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 405	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> RCS Management Corp 16535 Southpark Dr Westfield, IN 46074 - 8347	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 405	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> RCS Management Corp 16535 Southpark Dr Westfield, IN 46074 - 8347	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 405	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> RCS Management Corp 16535 Southpark Dr Westfield, IN 46074 - 8347	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 405	<b>Amount of contribution</b> \$ 60 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> RCS Management Corp 16535 Southpark Dr Westfield, IN 46074 - 8347	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 405	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 555	<b>Amount of contribution</b> \$ 75 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 555	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 555	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 555	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 555	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 11/05/2009

<b>Contributor's name, mailing address and ZIP code</b> Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 555	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Sarah Medical Equipment Inc 2632 Lincoln Blvd Santa Monica, CA 90405	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Sarah Medical Equipment Inc 2632 Lincoln Blvd Santa Monica, CA 90405	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Sarah Medical Equipment Inc 2632 Lincoln Blvd Santa Monica, CA 90405	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Sarah Medical Equipment Inc 2632 Lincoln Blvd Santa Monica, CA 90405	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Sarah Medical Equipment Inc 2632 Lincoln Blvd Santa Monica, CA 90405	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Sarah Medical Equipment Inc 2632 Lincoln Blvd Santa Monica, CA 90405	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 360	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Sleep Diagnostics, Inc. 1910 N Orange Ave Ste B Orlando, FL 32804 - 5552	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Sleep Diagnostics, Inc. 1910 N Orange Ave Ste B Orlando, FL 32804 - 5552	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Sleep Diagnostics, Inc. 1910 N Orange Ave Ste B Orlando, FL 32804 - 5552	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Sleep Diagnostics, Inc. 1910 N Orange Ave Ste B Orlando, FL 32804 - 5552	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Sleep Diagnostics, Inc. 1910 N Orange Ave Ste B Orlando, FL 32804 - 5552	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Sleep Diagnostics, Inc. 1910 N Orange Ave Ste B Orlando, FL 32804 - 5552	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 210	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Special Care Medical Inc PO Box 21564 Columbia, SC 29221 - 1564	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Special Care Medical Inc PO Box 21564 Columbia, SC 29221 - 1564	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Special Care Medical Inc PO Box 21564 Columbia, SC 29221 - 1564	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Special Care Medical Inc PO Box 21564 Columbia, SC 29221 - 1564	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Special Care Medical Inc PO Box 21564 Columbia, SC 29221 - 1564	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 225	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> St Mary's Pharmacy Home Health Care 4 Railroad St Saint Marys, PA 15857 - 1729	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> St Mary's Pharmacy Home Health Care 4 Railroad St Saint Marys, PA 15857 - 1729	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 15 <b>Date of contribution</b> 08/10/2009

<b>Contributor's name, mailing address and ZIP code</b> St Mary's Pharmacy Home Health Care 4 Railroad St Saint Marys, PA 15857 - 1729	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> St Mary's Pharmacy Home Health Care 4 Railroad St Saint Marys, PA 15857 - 1729	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> St Mary's Pharmacy Home Health Care 4 Railroad St Saint Marys, PA 15857 - 1729	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> St Mary's Pharmacy Home Health Care 4 Railroad St Saint Marys, PA 15857 - 1729	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Therapeutic Home Care 318 S A St Oxnard, CA 93030 - 5805	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 250	<b>Amount of contribution</b> \$ 250 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Total Health Solutions 3211 N Causway Blvd Metairie, LA 70002 - 4800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 265	<b>Amount of contribution</b> \$ 50 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Total Health Solutions 3211 N Causway Blvd Metairie, LA 70002 - 4800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 265	<b>Amount of contribution</b> \$ 50 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Total Health Solutions 3211 N Causway Blvd Metairie, LA 70002 - 4800	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 265	<b>Amount of contribution</b> \$ 40 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Upstate Homecare 7506 State Route 5 Clinton, NY 13323 - 3654	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 240	<b>Amount of contribution</b> \$ 75 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> VGM Group Inc P.O. Box 2817 Waterloo, IA 50704	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 45000	<b>Amount of contribution</b> \$ 5000 <b>Date of contribution</b> 09/28/2009

<b>Contributor's name, mailing address and ZIP code</b> VGM Group Inc P.O. Box 2817 Waterloo, IA 50704	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 45000	<b>Amount of contribution</b> \$ 5000 <b>Date of contribution</b> 10/27/2009
<b>Contributor's name, mailing address and ZIP code</b> VGM Group Inc P.O. Box 2817 Waterloo, IA 50704	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 45000	<b>Amount of contribution</b> \$ 10000 <b>Date of contribution</b> 12/24/2009
<b>Contributor's name, mailing address and ZIP code</b> Vono Medical PO Box 1526 Springfield, IL 62705 - 1526	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Vono Medical PO Box 1526 Springfield, IL 62705 - 1526	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Vono Medical PO Box 1526 Springfield, IL 62705 - 1526	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Vono Medical PO Box 1526 Springfield, IL 62705 - 1526	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Vono Medical PO Box 1526 Springfield, IL 62705 - 1526	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Vono Medical PO Box 1526 Springfield, IL 62705 - 1526	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 300	<b>Amount of contribution</b> \$ 25 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Walgreens Health Initiatives 655 W Grand Ave Ste 100 Emlhurst, IL 60126 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 570	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Walgreens Health Initiatives 655 W Grand Ave Ste 100 Emlhurst, IL 60126 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 570	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 08/10/2009

<b>Contributor's name, mailing address and ZIP code</b> Walgreens Health Initiatives 655 W Grand Ave Ste 100 Emlhurst, IL 60126 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 570	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Walgreens Health Initiatives 655 W Grand Ave Ste 100 Emlhurst, IL 60126 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 570	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Walgreens Health Initiatives 655 W Grand Ave Ste 100 Emlhurst, IL 60126 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 570	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Walgreens Health Initiatives 655 W Grand Ave Ste 100 Emlhurst, IL 60126 - 1061	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 570	<b>Amount of contribution</b> \$ 45 <b>Date of contribution</b> 12/08/2009
<b>Contributor's name, mailing address and ZIP code</b> Wheelchair Medic Dwayne Rd Bldg 102 Fort Totten, NY 11359	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 07/06/2009
<b>Contributor's name, mailing address and ZIP code</b> Wheelchair Medic Dwayne Rd Bldg 102 Fort Totten, NY 11359	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 08/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Wheelchair Medic Dwayne Rd Bldg 102 Fort Totten, NY 11359	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 09/10/2009
<b>Contributor's name, mailing address and ZIP code</b> Wheelchair Medic Dwayne Rd Bldg 102 Fort Totten, NY 11359	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 10/02/2009
<b>Contributor's name, mailing address and ZIP code</b> Wheelchair Medic Dwayne Rd Bldg 102 Fort Totten, NY 11359	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 11/05/2009
<b>Contributor's name, mailing address and ZIP code</b> Wheelchair Medic Dwayne Rd Bldg 102 Fort Totten, NY 11359	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 375	<b>Amount of contribution</b> \$ 30 <b>Date of contribution</b> 12/08/2009

**Contributor's name, mailing address and ZIP code**

Withheld  
P.O. Box 2817  
Waterloo, IA 50704

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 113915

**Amount of contribution**

\$ 40325

**Date of contribution**

12/31/2009

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**Schedule B**   **Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**

US Bank  
PO Box 1800  
St. Paul, MN 55101 - 0800

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 85  
**Date of expenditure**  
07/21/2009

**Purpose of expenditure**

Bank Fees

**Recipient's name, mailing address and ZIP code**

US Bank  
PO Box 1800  
St. Paul, MN 55101 - 0800

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 86  
**Date of expenditure**  
09/03/2009

**Purpose of expenditure**

Bank Fees

**Recipient's name, mailing address and ZIP code**

US Bank  
PO Box 1800  
St Paul, MN 55101 - 0800

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 83  
**Date of expenditure**  
09/16/2009

**Purpose of expenditure**

Bank Fees

**Recipient's name, mailing address and ZIP code**

US Bank  
PO Box 1800  
St. Paul, MN 55101 - 0800

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 83  
**Date of expenditure**  
10/23/2009

**Purpose of expenditure**

Bank Fees

**Recipient's name, mailing address and ZIP code**

US Bank  
PO Box 1800  
St. Paul, MN 55101 - 0800

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 87  
**Date of expenditure**  
11/18/2009

**Purpose of expenditure**

Bank Fees

**Recipient's name, mailing address and ZIP code**

US Bank  
PO Box 1800  
St. Paul, MN 55101 - 0800

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 85  
**Date of expenditure**  
12/18/2009

**Purpose of expenditure**

Bank Fees

**Recipient's name, mailing address and ZIP code**

Brown & Fortunato, P.C  
905 S Fillmore, Ste 400 PO Box 9418  
Amarillo, TX 79105

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 12000  
**Date of expenditure**  
07/07/2009

**Purpose of expenditure**

Legal Fees

**Recipient's name, mailing address and ZIP code**

Brown & Fortunato, P.C  
905 S Fillmore, Ste 400 PO Box 9418  
Amarillo, TX 79105

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 11500  
**Date of expenditure**  
08/14/2009

**Purpose of expenditure**

Legal Fees

**Recipient's name, mailing address and ZIP code**

Brown & Fortunato, P.C  
905 S Fillmore, Ste 400 PO Box 9418  
Amarillo, TX 79105

**Name of recipient's employer**

N/A  
**Recipients's occupation**  
N/A

**Amount of Expenditure**

\$ 10000  
**Date of expenditure**  
09/10/2009

**Purpose of expenditure**

Legal Fees

<b>Recipient's name, mailing address and ZIP code</b> Brown & Fortunato, P.C 905 S Fillmore, Ste 400 PO Box 9418 Amarillo, TX 79105	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 9300 <b>Date of expenditure</b> 10/09/2009
<b>Purpose of expenditure</b> Legal Fees		
<b>Recipient's name, mailing address and ZIP code</b> Brown & Fortunato, P.C 905 S Fillmore, Ste 400 PO Box 9418 Amarillo, TX 79105	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 4400 <b>Date of expenditure</b> 11/09/2009
<b>Purpose of expenditure</b> Legal Fees		
<b>Recipient's name, mailing address and ZIP code</b> Brown & Fortunato, P.C 905 S Fillmore, Ste 400 PO Box 9418 Amarillo, TX 79105	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 4400 <b>Date of expenditure</b> 12/10/2009
<b>Purpose of expenditure</b> Legal Fees		
<b>Recipient's name, mailing address and ZIP code</b> Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 20000 <b>Date of expenditure</b> 09/18/2009
<b>Purpose of expenditure</b> Consultants fees		
<b>Recipient's name, mailing address and ZIP code</b> Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 20000 <b>Date of expenditure</b> 10/27/2009
<b>Purpose of expenditure</b> Consultant's fees		
<b>Recipient's name, mailing address and ZIP code</b> Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 10000 <b>Date of expenditure</b> 12/10/2009
<b>Purpose of expenditure</b> Consultant's fees		
<b>Recipient's name, mailing address and ZIP code</b> Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 10000 <b>Date of expenditure</b> 12/24/2009
<b>Purpose of expenditure</b> Consultant's fees		
<b>Recipient's name, mailing address and ZIP code</b> Heartland Paper Company 808 W Cherokee St Sioux Falls, SD 57104 - 0341	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 41 <b>Date of expenditure</b> 07/07/2009
<b>Purpose of expenditure</b> Office supplies - envelopes		
<b>Recipient's name, mailing address and ZIP code</b> Internal Revenue Service - United States Treasury PO Box 9941 Ogden, UT 84409	<b>Name of recipient's employer</b> N/A <b>Recipients's occupation</b> N/A	<b>Amount of Expenditure</b> \$ 260 <b>Date of expenditure</b> 08/20/2009
<b>Purpose of expenditure</b> Penalty for late 08 990 filing		

**Recipient's name, mailing address and ZIP code**

VGM Group Inc  
P.O. Box 2817  
Waterloo, IA 50704

**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 1

**Date of expenditure**

09/10/2009

**Purpose of expenditure**

Postage

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